



2612

PTO/SB/92 (08-03)

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Heather J. Roth

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/790,468	
	Filing Date	1 March 2004	
	First Named Inventor	König	
	Art Unit	2612	
	Examiner Name	JoAnn Steward	
Total Number of Pages in This Submission	6	Attorney Docket Number	HMM-102

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Technology Patents and Licensing, Inc. Charles A. Eldering, 39,180
Signature	
Date	October 6, 2004

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Signature		Date
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PTO/SB/81 (09-03)

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INDICATION FORM**

<b>Application Number</b>	10/790,468
<b>Filing Date</b>	1 March 2004
<b>First Named Inventor</b>	Richard König
<b>Title</b>	Video Detection and Insertion
<b>Art Unit</b>	2612
<b>Examiner Name</b>	Unknown
<b>Attorney Docket Number</b>	HMM-102

I hereby appoint:

 Practitioners associated with the Customer Number:

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 Practitioner(s) named below:

Name	Registration Number

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Telephone	Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

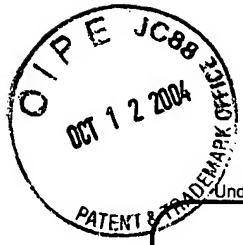
Name	Richard König
Signature	
Date	28/6/2004
Telephone	44-0771-2530033

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 4 forms are submitted.

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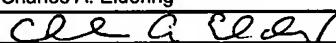
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<input type="checkbox"/>	Firm or Individual Name			
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Address				
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I am the:

 Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
 **SIGNATURE of Applicant or Assignee of Record**

Name | Charles A. Eldering

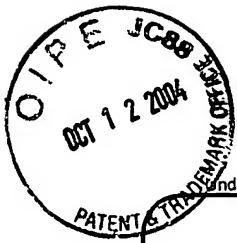
Signature | 

Date | Sept 03, 2004 | Telephone | (215) 766-2100

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 4 forms are submitted.
 

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Telephone	Fax			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Rainer W. Lienhart		
Signature			
Date	06/26/2004	Telephone	(408) 243-5113

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 4 forms are submitted.

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First Named Inventor	Richard König
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Christine Lienhart		
Signature	<i>C. Lienhart</i>		
Date	6/26/2004	Telephone	(408) 243-5113

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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